

COUNTY NEWS

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The annual meeting of the Alameda County Medical Association was called to order by the president at 8:20 p. m., December 17, 1923, at the Ethel Moore Memorial building.

The following program was presented:

Posterior Duodenal Diverticulum—Medical Aspect. W. H. Strietmann.

Posterior Duodenal Diverticulum—Surgical Aspect. Charles A. Dukes.

Esophageal Carcinoma of Long Standing—Lantern Slides. Fletcher B. Taylor.

These papers were generally and ably discussed. At the close of the scientific program, Dudley Smith offered a glowing tribute to the memory of the late W. L. Friedman. The retiring officers and chairmen of the various committees gave their annual reports. Refreshments were served, and a social hour enjoyed.

Newly elected officers, councillors, delegates and alternates: President, Charles L. McVey; vice-president, H. B. Mehrmann; secretary-treasurer, Pauline S. Nusbaumer; councillors, Stanley Berry, Daniel Crosby, E. A. DePuy, J. K. Hamilton, G. G. Reinle, C. A. Wills; delegates, W. L. Channell, W. S. Kuder, Gertrude Moore, George Rothganger; alternates, Eugene Barbera, F. W. Browning, Robert A. Glenn, C. Hall, W. E. Mitchell, A. C. Smith.

New Alameda Hospital—Incorporation papers have been issued to the Alameda Hospital Association. The trustees have plans well under way for the construction of a new four-story 100-bed hospital. The incorporators are Miss Kate Creedon, one of the proprietors of the sanatorium now in existence in Alameda; W. B. Stephens, M. D.; A. W. Porter, F. P. McLennan, and J. E. Hall.

KERN COUNTY

Kern County Medical Society (reported by P. J. Cuneo, secretary)—Following the custom of the past, the December meeting of the Kern County Medical Society was marked by the annual election of officers for the coming year.

The meeting was held at the Stockdale Clubhouse December 16, 1923, with Doctor Moore presiding. P. J. Cuneo was elected president; H. W. Hawkins, vice-president; H. W. Moore, secretary-treasurer; E. A. Shaper, censor; F. O. Hamlin, delegate; F. J. Gundry, alternate.

The business meeting was followed by a dinner-dance, arranged by Morris, Hamlin, and Moore. Members and guests were surprised by a splendid program consisting of entertainers from the Coast to Coast Theatrical Circuit, and a full-fledged orchestra to furnish the music for the dancing. Those attending were Dr. and Mrs. A. Moodie of Taft, Dr. and Mrs. Veon of Bakersfield, Dr. and Mrs. P. J. Cuneo, Dr. and Mrs. F. J. Gundry, Dr. and Mrs. Homer Rogers, Dr. and Mrs. Balnenburg, Dr. and Mrs. S. F. Smith, Dr. and Mrs. Joe Smith, Dr. and Mrs. Morris, Dr. and Mrs. E. A. Shaper, Dr. and Mrs. W. H. Moore, Dr. and Mrs. T. M. McNamara, Dr. and Mrs. O. P. Goodall, Dr. and Mrs. Fogg of Wasco, Dr. Yvall of McFarland, and Dr. Leland Ellis.

The Society will be the guest of the Taft members at Taft January 17, 1924.

The sympathy of the Society is extended to Dr. T. M. McNamara, who suffered the loss of his father.

Dr. Kathlyn Ellis has returned home, but is still in poor health.

The County General Hospital building is rapidly

nearing completion. It is felt that it will mark a new era of co-operation and expansion of our Society in every useful way.

Manuel Salis has been appointed milk inspector for the newly created Bakersfield district by the Health Officer. Mr. Salis will devote his entire time to milk inspection.

The Mercy Hospital of Bakersfield, conducted by the Sisters of Mercy, contemplate adding a wing to their structure this coming spring, giving to Bakersfield the added facilities of twenty new rooms.

LAKE COUNTY

Lake County Hospital Annex—The new annex to the County Hospital has been completed. The annex comprises five new rooms, pantry, bath, and basement, the latter making a convenient and suitable quarters for the garage, woodroom, storeroom, and laundry. Two detention rooms are also located in the basement. There are now seven rooms for patients, which will accommodate approximately from 21 to 25 people.

LOS ANGELES COUNTY

Twentieth Annual Report of the Barlow Sanatorium, Los Angeles—The Barlow Sanatorium was founded in 1902 for the purpose of giving refined people of small means, who are suffering with pulmonary tuberculosis in the curable stages, an opportunity of receiving sanatorium treatment and care; and we feel that the results of twenty years' work have justified the undertaking. While there may be some who have not appeared to benefit by their stay in the sanatorium, the great majority of patients treated have made improvement, and a large percentage have been returned to their homes and work apparently cured.

In spite of the ever-increasing cost of maintenance, we have been able to keep the charge per patient down to \$10 per week, which includes everything the patient needs; and because we have been able to handle more cases this past year, the cost per capita has not risen as high as might be expected. Our average number of patients has been 76.8 as compared with 70 the previous year, and the average cost per capita per week was \$20.70. The endowment fund is \$310,000.

In order to be admitted to the Barlow Sanatorium, patients must (1) have lived in Los Angeles County at least one year immediately before admission; (2) they shall secure \$10 per week, which amount covers one-half the actual cost of care; (3) they must be in need of financial assistance; (4) they must be examined by one of the sanatorium staff; (5) they must be free from complication, such as tuberculosis of larynx, intestines, bones, etc.; (6) they must be in such condition that there is reasonable prospect of permanent benefit. In complying with the above conditions, it would naturally follow that many applications are received which cannot be accepted. The following table offers a better idea as to the number of applications received, accepted and rejected and the causes for rejection:

Total number of applicants.....	391
Applicants accepted	143
Applications deferred at the end of the year...	136
Applications rejected	87
Withdrawn	25
No tuberculosis	11

Cottage Hospital, Burbank, Changes Hands—Miss Norma Short is now the sole owner of the Cottage Hospital. Recently the interest of Miss Beulah Newton was purchased by a third party, who in turn sold it to Miss Short, who will manage the hospital with a staff of six.

Murphy Memorial Hospital, Whittier—A recent number of the Whittier News contains an interesting illustrated article about the Murphy Memorial Hospital of which the community is justly very

proud. A new fifty-bed wing is nearing completion. It is one of the few smaller hospitals that is a completely equipped and organized general hospital.

New Glendale Sanitarium Nears Completion—This new health agency operated by the Seventh Day Adventist denomination has been planned to be the "Battle Creek of the West." The acreage at Wilson avenue and Sycamore Canyon road is ample and attractive. The site and improvements are valued at nearly \$1,000,000. H. G. Westphal, M. D., is director, Mr. C. E. Kimlin, manager, and W. J. Johnson, resident physician of the medical plant.

MONTREY COUNTY

Monterey County Medical Society (reported by T. C. Edwards, secretary)—Officers elected to serve the Monterey County Medical Society for 1924 are: President, William H. Bingaman, Gonzales; vice-president, William Gratiot, Pacific Grove; secretary, J. A. Beck, Salinas; treasurer, T. C. Edwards, Salinas; delegate, W. R. Reeves, Salinas; alternate, J. A. Beck, Salinas.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by G. J. Hall, secretary)—The following officers have been elected for the year 1924: G. N. Drysdale, president; F. N. Scatena, vice-president; G. J. Hall, secretary-treasurer. Directors, G. N. Drysdale, F. N. Scatena, W. W. Cress, J. B. Harris, C. E. Schoff, G. P. Dillon.

Meetings of the Society will be held the third Tuesday of each month at the Sacramento Hotel, 8:30 p. m., with lunch after the meeting.

On January 15, W. R. Briggs read a paper on "Pathology of the Eye in Relation to General Pathology."

The Sutter Hospital Opened—The Sutter Hospital at Twenty-eighth and L streets, a modern institution for the treatment of the sick, was formally opened on December 2. Many floral pieces and notes of congratulation and wishes of success were sent to the hospital, which was open from 2 o'clock until 10 o'clock for public inspection. The stockholders were taken through the hospital in groups by physicians, who explained the systems which will be employed and the details of the equipment.

T. Binkley is house physician. Members of the board of directors of the hospital association are Drs. G. A. Spencer, president; W. A. Beattie, first vice-president; George A. Briggs, second vice-president; E. T. Rulison, treasurer; J. W. James, secretary. Dr. James, chief of hospital staff; Dr. F. N. Scatena, assistant. Miss E. Wolfinder, head nurse.

SAN BERNARDINO COUNTY

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—The Society met January 8 at the San Bernardino County Hospital, with 30 members present, 50 absent, and 10 guests. The following program was given:

"Infections of the Hand and Forearm." By P. M. Savage. Discussion opened by E. J. Eytinge.

"Demonstrations and Discussions of Interesting Pathological Specimens." By R. B. Hill of Los Angeles. Discussion opened by N. G. Evans.

"Discussion of One Thousand Hysterectomies." Lantern slide demonstration of operative technic. By E. C. Moore of Los Angeles. Discussion opened by C. G. Hilliard.

There was a demonstration of the Spencer Delinenscope.

A. N. Kerr and V. L. Minehart of Arrowhead and Lenore Campbell of Loma Linda have been elected to membership in the Society.

The secretary again requests that the names of any eligible physicians who are not members of the county society at present be sent to him. It is just as important to get a former member back into the Society as it is to enroll a new one. The State Society is making a special point of this matter.

SAN DIEGO COUNTY

St. Joseph's Hospital—This splendid new hospital is now nearing completion. The seven-story modern building is located on a five-acre tract of land on quiet streets. The main building is 260 feet long by 44 feet wide. Provision is made for two additional wings when they are required.

The Sisters have taken an advanced but praiseworthy position in devoting nearly all of the space to single and double rooms.

The Sisters of Mercy opened their first hospital in San Diego in 1890, and progress in building and improvements in service have been constant since that time. The new hospital is a credit to the Sisters, to San Diego and to the physicians, who have heretofore been somewhat handicapped for lack of hospital beds for their patients.

The hospital will be equipped for radio connection in every private room. So a sick person at St. Joseph's can lie upon his bed and keep in close touch with a vast portion of the world in a practically uninterrupted series of programs.

La Jolla Sanitarium—The new addition is now under construction and when completed will enhance the beauty and usefulness of the hospital very much. The building will be of the monolithic reinforced construction and will be one of the most up-to-date hospitals on the coast. This new addition will almost double the capacity of the hospital.

SAN FRANCISCO COUNTY

San Francisco County Medical Society (reported by J. H. Woolsey, secretary)—During the month of December, 1923, the following meetings were held:

Tuesday, December 4—Committee on Medicine—Symposium on Treatment. (To be concluded next month.) What constitutes therapy?—Harold P. Hill. The psychology of sickness; the attitude of physician to patient—J. Wilson Shiels.

Tuesday, December 11—Annual Meeting—Reports of officers, committees, etc. Announcement of election (see below). Medical activities of the Veterans' Bureau—Herbert C. Watts, Chief Medical Division, Twelfth District. The principles and practice of case-rating—James G. Donnelly, Chief Rating Section, Medical Division, Twelfth District. The rehabilitation of a veteran suffering with a neuropsychiatric disability—Irving E. Charlesworth, Chief Neuropsychiatric Subsection, Medical Division, Twelfth District.

The following officers were declared elected for 1924: President, Emmet Rixford; first vice-president, Joseph Catton; second vice-president, Mary J. Mentzer; secretary-treasurer, J. H. Woolsey; librarian, Leo Eloesser; board of directors, Thomas Addis, Hans Barkan, L. H. Briggs, Edmund Butler, W. E. Chamberlain, E. C. Fleischner, M. R. Gibbons; delegates 1924-25, W. C. Alvarez, Edmund Butler, Joseph Catton, W. E. Chamberlain, E. C. Fleischner, M. R. Gibbons, J. H. Graves, Sol. Hyman, W. J. Kerr, A. R. Kilgore, J. C. Neel, H. A. L. Ryfkogel, William E. Stevens, V. G. Vecki.

Meeting of the Eye, Ear, Nose, and Throat Section of the San Francisco County Medical Society, October 23, 1923, E. F. Glaser, presiding (reported by F. C. Cordes, secretary)—Melanosis of the Conjunctiva—Louis C. Deane, in presenting the case, said that the most noticeable feature of an eye is its pigment. Its remarkable distribution, its normal variations in quantity and location, and again, its spectacular feature, lying there without apparent function, except as to curb or retain the light-rays, it can by some unknown process, fulminate into a growth so malignant as to claim at least an eye, if not a life. This is so of any part of the eye where pigment normally exists, whether choroid, ciliary processes, or iris. Pigment can creep into parts where it does not belong where it becomes a greater menace in that, with the tissue it has invaded, it may assume a tumor form and in most instances a malignant form.

Pigment is not present normally in the conjunc-

tiva or sclera. The limbus seems to be the connecting link between the pigment of the uveal tract and epibulbar region, for it is here that in the colored race we see a ring of pigment encircling the cornea, and it is in this region that the melanoma of the conjunctiva is seen.

Mrs. H., middle-aged woman, always in good health, twenty-five years ago noticed in the right eye only some diffused brownish spots in the white of her eye, gradually increasing until they became coalescent. She states that the amount varied, increasing in quantity following excessive use of eyes or general fatigue.

I saw her first in February of this year. She consulted me not for the pigmentation, but for a small growth on the eye that had been increasing in size for nine months. The first thing noticed was a diffused brownish black pigmentation of her entire ocular and palpebral conjunctiva extending into the cornea for a couple of millimeters on its surface epithelium. A growth about 6x4x3 mm. was situated at the outer limbus on the horizontal meridian, deeply pigmented and movable, except for its proximity to the cornea.

The fundus showed no variation from normal, the iris was similar in color and appearance to the left eye and the cornea was normal except for the slight encroachment of pigment at its edge. Vision 20/20 and always the better eye of the two, so she states. The tumor looked malignant, and I extirpated it including surrounding conjunctiva and cauterized the underlying sclera, bringing the conjunctiva together with stitches. The wound healed as after a pterygium operation, and there has been no recurrence.

While cleansing the eye with cotton previous to the operation, I was astonished to find that I could wipe off the pigment from the conjunctiva, staining the cotton swab quite black. I repeated this on following days, and could always wipe off pigment.

Dr. Ophuls of Stanford University states that it is a non-malignant growth, with a diagnosis of melanosis of conjunctiva.

Since the operation, nine months later, the amount of pigment in the conjunctiva has markedly diminished, only appearing now in large circumscribed patches. She states that this diminution has occurred before.

The following thoughts seem to be of interest:

1. The varying intensity and quantity proving an active process of pigment proliferation.

2. Is the diminution of pigment due to absorption, or is it just wiped or washed off by the action of the lid, as I was able to remove some with a dry cotton swab.

3. It would seem that the activity of pigment production and recession has no bearing upon malignancy, as this tumor proved contrary to the rule.

4. Excluding congenital conjunctival nevi or moles or brown pigmented spots seen in dark people, any melanosis of the conjunctiva, no matter how mild, is very liable to develop into malignancy.

Fuchs states "that in most cases melanoma develops." Weeks prefers to remove such spots surgically before waiting for further developments. Verhoeff and Loring say 80 per cent in favor of malignancy. Dean, with a cotton swab, then proceeded to demonstrate the wiping of the pigment from the conjunctiva.

Discussion—Pischel remarked that it was the first case of its type he had seen, especially interesting was the fact that the pigment could be brushed off so easily.

Obarrio interested in two points. The wiping off of the pigment is due to proliferation of pigment cells. Also there was 60 per cent more pigment present before operation, he having seen the case. He does not understand why removal of the tumor has stopped pigment proliferation unless due to the changing of vascular supply. The pigmentation has

been receding ever since the operation. In 1903 he reported a case of marked pterygium and pointed out that if the blood vessels of the conjunctiva in healing turned upon themselves and did not ramify on the cornea there was no recurrence. In this case that has taken place and so thinks there will be no recurrence.

Franklin pointed out that melanosis is rare. We have naevi or circumscribed tumors of the iris that are considered congenital. Feels that subconjunctival injection might hasten absorption of this pigment.

Frederick feels that pigment must have broken through to allow wiping same off.

Deane in closing quoted Ophuls' report, "the upper layers of the epithelium are missing," and perhaps this accounts for the fact that the pigment can be wiped off.

Cataract Extraction Technic With Reference to Antisepsis and Iris Anesthesia—P. de Obarrio reviews cataract classification, observing that we should strive to determine two important factors—thickness of the capsule and size of the nucleus.

Slit lamp gives most valuable information, but its expense is prohibitive. Author uses the telescope of an ordinary ophthalmometer, and by projecting a strong light directly on anterior segment patient's eye and omitting entirely the mire-lights, a lot of valuable information can be obtained as to condition of iris, lens, capsule, etc. The double image produced by prisms is eliminated by removing same or by moving observer's eye to one side.

Reviews technic of preparation of instruments and patient. Makes a special point of the use of rubber gloves. Hands must be dry, glove-fingers short and well-fitting over tips. Avoid powder outside of gloves. When gloves on, wet with bichloride and just dry excess of liquid; this procedure gives necessary cohesion to instruments. Instrument handles should be preferably octagonal, as they give feeling of being "geared" to fingers. No appreciable loss of feeling with gloves.

Lays particular stress on use of mouth and nose cover for operator and assistants. Shows culture plates and tubes of result of experiments on exposure of operation field for five minutes under mouth and nose protection as well as without it, showing great increase in number of colonies as compared with check plate-cultures. Demonstrates that conjunctiva is never sterile, but principal organisms present are Xerosis bacilli from 80 to 94 per cent and staphylococcus albus from 70 to 85 per cent both of which are not necessarily pathogenic. Real danger of traumatized cornea is in the presence of pneumococcus, which cannot migrate through nasal duct of patient because of ciliated epithelium of same; hence, if present, must have been transplanted by hands, instruments, or by the action of speaking into the field of operation without nose and mouth protection. No excuse for avoiding all precautions, otherwise operator may be legally liable.

Absolute iris anesthesia produced by direct instillation of 4 per cent novocaine with adrenalin into anterior chamber immediately after corneal section.

Explains the mechanism of his method of lid traction to produce minus pressure on globe during operation. Claims lid traction to be the greatest factor of safety in ocular surgery and by far the most important advance in the technic of cataract extraction. Technic is based on clinical observation that eyes in which cornea collapses after section never produce vitreous loss. Author endeavors to produce this condition of minus tension artificially in all eyes to prevent vitreous loss as well as to assist in the replacement of the iris or the management of vitreous prolapse.

Very special stress is laid on the clinical fact that traction on the zonula can be exercised to a very great extent without producing reaction. On the other hand, compression in the neighborhood of the ciliary region to expel a lens produces considerable reaction. Intracapsular extractions by expressing

methods invariably produced irritable slow-healing eyes. Intracapsular extraction by traction produces considerably less reaction and frequently no reaction. Traction on zonula can be produced to an extent that may appear alarming without reaction and without vitreous loss if coupled with lid traction in accordance with author's technic.

Discussion—Franklin remarked that the paper had some very practical suggestions. The reason for so few infections in cases of poor technique is probably due to the washing away of the bacteria by the aqueous. We cannot use strong enough solutions to sterilize the conjunctival sac without injury. In the lavage it is really a mechanical cleansing. He has worn gloves in every case for the past ten years, and finds it does not interfere with the sense of touch, provided gloves are worn in every case. Feels that operation without a speculum is safer and easier on the patient.

Maghy pointed out the necessity of determining the type of cataract.

Frederick feels that a new knife is necessary in every case. He has seen Obarrio operate, using the iris anesthesia and saw that it worked well. However, the fewer instruments put into the anterior chamber the better the result and the less danger. Also feels that the advantage gained does not warrant the additional risk. He could not become accustomed to gloves and, inasmuch as the part of the instrument entering the eye is not touched, sees no necessity for same.

Pischel remarked that in Axenfeld's clinic, if the examination of the conjunctival smear showed staphylococcus aureus, the operation was postponed. The use of cocaine before the operation is a great help, as is also the paralysis of the orbicularis as described by Derby at the last A. M. A. Subconjunctival injection helps sufficiently so that intraocular instillation of cocain is not necessary.

Obarrio in closing wants to emphasize the holding up of the lids to produce a minus tension and also the wearing of gloves and a mask to guard against any outside infection.

Alveolar Fistulae With Reference to the Antrum—Merton J. Price presented a paper on this subject that will appear in full in the Journal.

Discussion—Sewell finds difficulty in closing the flaps; the making of flaps from the roof of the mouth is rather disappointing as they don't slip over, but are rather inelastic. The pressure of the blood supply is extremely important.

Deane remarked that he did not agree with Price that 80 per cent of antrum trouble came from teeth. He felt that many cases resulted from acute rhinitis, and that probably 80 per cent came from nose and throat and not teeth.

Graham was surprised to learn of the great number of fistulae, and thinks that this is due to the fact that radical dental surgery has been done so generally the last five or six years. He is rather certain that there are more now than formerly. The radical dental surgery permits more necrosis of the soft parts, and dentists should be warned to use the curette most carefully. He also feels that the nose and throat are responsible for more antrum infection than the teeth.

Price in closing stated that many failures of flap operations were probably due to the flap being too small, and there being too much tension. The failure of the dentist to recognize antrum infection and of the ear, nose, and throat man to recognize tooth infection is an important factor. Dentists still remove teeth for drainage of the antrum. The increase on the number of fistulae is probably due to the fact that many dentists with improper training attempt dental surgery.

Eye, Ear, Nose, and Throat Section of the San Francisco County Medical Society Met Tuesday, November 27, 1923, Edward F. Glaser presiding. (Reported by Frederick C. Cordes.)

Robert D. Cohn presented a paper on Halle's

clinic with especial reference to his endonasal surgery. The full paper will appear in the January issue of this Journal.

Warren D. Horner presented a paper on the present aspect of post-graduate and clinic work in Vienna. The author reviews conditions in Vienna as he found them in an eight months' stay at the eye, ear, nose, and throat clinics from September, 1922, to June, 1923.

The importance of the American Medical Association of Vienna to the visiting physician is emphasized. This association, which is more than 12 years old, maintains clubrooms near the hospital. These serve both as a bureau for post-graduate courses and as a social center for all visiting English-speaking physicians. The membership runs from 100 in the winter months to about 250 in the summer.

The association is now up to its pre-war strength and effectiveness. The president, Bernard Kaufman of San Francisco, deserves to be congratulated for his excellent work during the reconstruction period. Courses of study are catalogued and announced by or through the association, which has arranged with the faculty for a standardized fee system. It also acts as financial agent for both student and instructor. The listing of available courses and the standardizing of their fees is of the utmost importance to the visiting physician. Practically all courses may be had in English, but a knowledge of German is naturally of great advantage. A wide variety of work may be had at the various hospitals, clinics, and institutes.

Prices for instruction run from \$3 to \$5 per hour for lectures or demonstrations, and from \$15 to \$50 per month for clinic work, depending upon the amount of individual instruction given. The fee is divided equally among the men taking the work, and all fees are quoted and paid in dollars.

Operative work on the cadaver is plentiful and good. Operations on the living are only obtained after months of work at the same clinic or perhaps in a few cases by private arrangement with some surgeon.

Owing to the low value of the kroner and the small fee obtainable for an office visit, teaching Americans for American dollars has become unusually popular among the faculty. Many of the Austrian faculty underrate American knowledge and methods in medicine. They are perhaps influenced in this view, because so many Americans go to Vienna for post-graduate instruction. However, those of the faculty who have been to America are enthusiastic over what they saw and give us the full credit that we deserve in the medical sciences. The Austrian cannot understand the common practice of so many of our best men devoting their entire time to private practice. The Austrian physician prefers the honor and title incident to a university clinic appointment more than a larger private practice. This makes for better post-graduate facilities there, and is one of the fundamental reasons why post-graduate work is better in Austria than in America.

Living conditions are good in Austria. Living costs are lower than in America; good pension board, room and service may be had, for example, at about \$40 per month. Other items are proportionately low.

Austria's general political and financial conditions are improving steadily, due to her own efforts and the stabilizing effect of an allied loan.

Vienna offers many attractions to the visitor, outside of medicine, in the beauty of its public buildings, its parks, its operas, and its picturesque surroundings.

Polyclinic Opens New Clinic—A free diphtheria prevention clinic for children was opened recently at 1545 Jackson street as a branch of the San Francisco Polyclinic. Children between the ages of 6 months and 15 years will be given the Schick test

and the toxin-antitoxin permanent immunization injections.

Southern Pacific General Hospital (reported by W. T. Cummins, secretary)—The monthly staff meeting of the Southern Pacific General Hospital, San Francisco, was held on Monday, January 7. The following officers were elected for 1924: Chairman, F. K. Ainsworth; vice-chairman, W. B. Coffey; secretary, W. T. Cummins.

Brief talks were made by W. I. Terry, W. B. Coffey, P. K. Brown, W. F. Schaller, and R. J. Dowdall relative to the large number of interesting clinical cases which the hospital offers for study and treatment and to the importance of others than the staff participating by invitation in the scientific program.

St. Luke's Hospital Makes Staff Changes—A new professional staff for St. Luke's Hospital was appointed at a meeting of the board of directors held recently. This was the first meeting of the directors since the termination of the affiliation agreement with the University of California Medical School. The new staff is as follows:

Alanson Weeks, chief of division of surgery; Harid P. Hill, chief of division of medicine; A. J. Houston, chief of department of otorhinolaryngology; G. L. McChesney, chief of department of orthopedic surgery; W. P. Willard, chief of department of urology; Otto Barken, chief of department of ophthalmology; E. I. Leavett, chief of department of anesthesiology; Howard Morrow, chief of department of dermatology; E. V. Knapp, chief of department of pathology; J. M. Reyfisch, chief of department of X-ray; T. G. Inman, chief of department of neuropsychiatry; W. G. Moore, chief of division of gynecology and obstetrics; R. K. Smith, chief of obstetrics; George Lyman, chief of division of pediatrics; William Ophuls and G. Y. Rusk, consultants in pathology.

In addition to these the following doctors were named as associate members of the staff: Philip Arnot, Rea Ashley, Hans Barkan, LeRoy Brooks, Z. E. Bolin, Paul Castelhun, E. Christianson, R. L. Dresel, A. C. Gibson, W. H. Hill, William Kenney, M. G. LaPlace, R. V. Lee, H. E. Miller, E. W. Parsons, G. Partridge, J. C. Parrott, J. M. Read, B. Stone, L. Taussig, J. C. W. Taylor, and G. S. Wrinkle.

Last June Howard H. Johnson assumed the management of the hospital. The officers and the board of directors, under whose management the hospital has been conducted since May, 1920, are as follows: B. H. Dibblee, president; William H. Crocker, vice-president; Clifton H. Kroll, vice-president; Frederic M. Lee, secretary-treasurer; Frank P. Deering, Miss V. Newell Drown, A. B. McAllister, Louis F. Montague, Rt. Rev. William Ford Nichols, George A. Pope, and Dr. W. A. Phillips.

St. Joseph's Hospital Staff of San Francisco reviewed syphilitic therapy on January 9. Harry C. Coe of Stanford Medical School outlined the modern treatment of the disease, touching upon the old and new drugs and the criteria of cure. Howard W. Fleming of the University of California Medical Department illustrated operations upon the brain and spinal cord for luetic lesions. Ethan Smith, Harold Wright, C. Nixon, P. Collischonn, and W. T. Cummins discussed several features of the topic.

The program for the meeting of February 13 follows:

Particulars of syphilitic therapy in: (a) Obstetrics and Gynecology, A. B. Spalding of Stanford Medical School; (b) Pediatrics, M. L. Cohn, University of California Medical Dept., and (c) Neurology, J. M. Wolfsohn, Stanford Medical School.

SAN JOAQUIN COUNTY

Conference of State Hospital Officials—Superintendents of the State hospitals and institutions of California recently held a three days' conference at the Stockton State Hospital as the guests of Dr. Fred P. Clark, superintendent. The purpose of

holding these conferences is to discuss plans for increasing the efficiency of the State institutions and make plans for the 1924 program. Members of the board of control and Governor Richardson attended the meeting. Those attending the conference were Mr. Walter Wagner, director of State institutions; Leonard Stocking, superintendent of the Agnew State Hospital; J. M. Scanland, superintendent of the Napa State Hospital; D. R. Smith, superintendent of the Mendocino State Hospital; O. S. Applegate, superintendent of the Norwalk State Hospital; F. O. Butler, superintendent of the Sonoma State Home; John A. Reily, superintendent of the Southern California State Hospital at Patton; Mr. Edward Twogood, secretary of the State department of institutions.

An elaborate entertainment and dance was given in the women's department of the hospital. Patients and attendants took part in the program, and moving pictures were shown.

San Joaquin County Medical Society Approves Health Unit—The Stockton Record says: "Endorsement of the San Joaquin health district's work was given by the San Joaquin County Medical Society directors last night, but approval of the district's plans for raising money was deferred until a vote can be taken at the February meeting of the Society. Fred Conzelman, who presided, stated that, despite their personal opinion that the cause is worthy, the directors felt that they did not have the power to act.

H. S. Chapman was appointed director of the clinic for another year, and was commended for his work during the time he has been in charge.

SANTA BARBARA

Santa Barbara County Medical Society (reported by A. C. Soper Jr., secretary)—The Society, to the number of 33 members, five internes as guests, and B. E. Merrill of Santa Paula, assembled at the Samarkand Hotel January 14. The annual banquet began at 7:30, and was presided over by President Means; the table being arranged in the form of a "T," with the officers and speakers at the head table. The banquet finished at 9.

H. J. Ullman, at the suggestion of the president, gave a humorous demonstration of the influence of thought-waves on an electrically controlled instrument, which flashed, wavered, or failed to shine, according to the intensity of thought in his "victims."

Mr. Edward F. Brown, prominently identified with the city improvement movement, by invitation gave an address on the necessity of development of the individual as a preface to that of the community, and touched upon many ideas for the betterment of the criminally inclined class.

William J. Melliner read a humorous description of California, with pithy comments on the rival cities, north and south.

Moses Thorner of Santa Maria spoke briefly on his appreciation of California, and claimed special supremacy for his own town.

The annual report of the secretary-treasurer was read and accepted.

Notice of application for membership by transfer of Irving Wills and W. H. Eaton met with approval, the matter to be referred to the censors in the usual manner.

Election of officers for 1924 resulted in Samuel Robinson being elected president; Franklin R. Nuzum, vice-president, and Moses Thorner and Edwin F. Smith, the first and second vice-presidents-at-large. The secretary-treasurer, by unanimous vote, was instructed to cast a ballot for himself for re-election.

Santa Barbara Cottage Hospital—The third Annual Clinic Day and banquet was held Monday, January 14, 1924, Franklin R. Nuzum, general chairman; Rexwald Brown, chairman surgical committee; Hugh Friedell, chairman medical committee; William J. Mellinger, chairman ear, nose, and throat committee. The following physicians took part in the clinics: Henry J. Profant, Phillip C. Means,

George S. Wells, William J. Mellinger, H. F. Pierce, Samuel Robinson, Rexwald Brown, H. L. Schurmeier, L. W. Hotchkiss, George W. Jean, Franklin R. Nuzum, Allen Williams, George R. Luton, H. J. Ullmann, W. D. Sansum, Ben Bakewell, Nathaniel Brush, H. O. Koefod, W. H. Campbell, H. E. Henderson, G. S. Loveren, and Hugh F. Freidell.

SANTA CLARA COUNTY

Santa Clara County Hospital—A new two-story wing to accommodate 50 patients and a central power plant have just been completed. The first floor of the new wing will be used for admission and emergency services. The second floor and solarium will be used for surgical patients. The large, airy basement will be utilized for physiotherapy. The additions cost about \$220,000, including equipment.

The hospital occupies a forty-acre tract of land, and now has accommodations for 300 patients. Doxey R. Wilson, M. D., is director of the hospital. Frank Johnston is resident physician, with three young physician assistants. The visiting staff is made up of members of the Santa Clara County Medical Society.

Columbia Hospital Becomes Garden City Hospital—The Columbia Hospital was taken over by L. J. Belknap January 1, and will be conducted in future under its original name, Garden City Sanitarium. It will continue under the management of R. D. Brisbane, co-operating with Belknap until next summer, when the buildings will be removed to make way for the new junior high school, for which the land was recently purchased by the Board of Education. The concrete building and two cottages will be removed onto land owned by Belknap facing on Santa Clara street. The concrete building will be enlarged and equipped with modern appliances for a first-class hospital and will be conducted with one of the best equipped physiotherapy plants on the coast. This latter is already equipped and running. The wooden building will be wrecked.

SOLANO COUNTY

Solano County Medical Society (reported by A. V. Doran, secretary)—Edgar Peterson has been appointed assistant surgeon for the Southern Pacific Company for the Vallejo district.

Fred Heegler and George Thornton Sr. have been appointed members of the Board of Health.

B. J. Klotz died December 17, 1923, his death being caused by hemorrhage from the stomach—perforation of ulcer into blood vessel.

Mrs. B. J. Klotz has been appointed coroner and public administrator for the unexpired term of B. J. Klotz, deceased. J. Brownlie has been appointed deputy coroner.

SONOMA COUNTY

Sonoma County Medical Society (reported by N. Juell, secretary)—The Society met on January 10, with 14 present, 24 absent, and two visitors. The program was as follows:

"Fifty Years in Medicine," by N. Juell.

Discussion of "Professional Ethics," led by E. W. Bixby.

Sonoma County Hospital Improvements—Repairs and improvements have been carried out for the Sonoma County Hospital to the value of \$10,000. About half of this money was spent for new furniture and equipment, and the balance was used in renovating the building.

Petaluma General Hospital—This hospital, located at Sixth and I streets, has recently been enlarged by the addition of a wing connecting the main hospital building and the maternity ward so that the entire group of buildings is now on one floor with the same elevation. The hospital has been improved and beautified, while there are additional conveniences for physicians, patients, and nurses. The new addition, designed by B. Jones, includes the new ad-

ministration department, reception room and office, several large private rooms for patients, as well as sun rooms, corridors and convalescent quarters.

STANISLAUS COUNTY

Stanislaus County Medical Society (reported by R. E. Maxwell, secretary)—Society met at Hotel Modesto, December 14, the meeting beginning with a banquet. President E. R. McPheeters presided.

Members present were: B. F. Surrhyne, Walter Smith, C. E. Finney, Carl Benson, J. W. Morgan, E. F. Reamer, E. G. Allen, J. A. Young, J. L. Collins, F. W. McKibbin, C. E. Pearson, E. R. McPheeters, R. E. Maxwell, H. Smith, C. I. Bemis, J. L. Hennemuth, L. D. Mottram, F. R. De Lappe, and E. F. Hagadorn.

E. R. McPheeters explained the formation of the new association formed by the nurses in this county. Also that they had formed and stipulated a new official nurses' registry.

Owing to the irregular manner in which this had been accomplished, it was moved by B. F. Surrhyne and seconded by J. W. Morgan that the registry, formerly maintained by Mrs. Craddock on Hackberry street in Modesto, be recognized by our Society until the State Association of Nurses regularly organizes as such in this county, and their official announcements sets forth a definite registry as being official.

Officers for the year 1924 were then elected as follows: R. E. Maxwell, president; J. L. Hennemuth, vice-president; E. R. McPheeters, secretary-treasurer; C. I. Bemis, censor; E. R. McPheeters, State delegate.

P. N. Jacobson of Oakland read a paper on "Value of Cystoscopy and Pyelography in Abdominal Diagnosis," supplemented by X-rays.

Q. O. Gilbert, formerly instructor of medicine at the University of Michigan, gave a talk on "Perverted Physiology of Right Upper Abdomen," augmented by an excellent series of X-rays with a valuable explanation of same.

A vote of thanks was extended to the speakers for their interesting and instructive papers.

McPheeters Hospital Addition—A new addition to provide additional rooms, physicians' offices, a complete X-ray room, two treatment rooms and a laboratory to McPheeters Hospital, Modesto, is now under construction. Above the new addition will be constructed a pergola for convalescent patients. Improvements are being made on the nurses' home adjoining the main hospital. E. R. McPheeters plans to move his offices to the hospital when construction work is completed.

TULARE COUNTY

Tulare-Kings County Joint Tubercular Hospital to Have Addition—Contract has been awarded for the building of a children's ward as an annex to the present bi-county tubercular hospital at Springville. This annex is to cost \$57,697, and will contain 40 beds for children.

YOLO COUNTY

Yolo County Medical Society (reported by Lela J. Beebe, secretary)—Two new members have been admitted to this Society: J. Edward Harbinson of Woodland and Thomas E. Cooper of Davis.

Woodland Clinic—Clinical meetings are held every two weeks at the Woodland Clinic (Fred R. Fairchild, M. D., director), open to all physicians and others especially interested. During December the following papers were read: "The Relation of the General Practitioner to Industrial Accident Cases," by W. J. Blevins. "Fractures of Long Bones," by Fred R. Fairchild, the latter being illustrated by lantern slides and clinical demonstrations. J. E. Harbinson read a paper on "A Presentation of Some Interesting Problems in Gall-Bladder Disease," and John D. Lawson on "The Diagnosis of Gall-Bladder Disease by use of the X-ray."